

Current Concepts in Surgical Endodontics

**US Army Endodontic
Short Course
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I. The success and failure rate of apical surgery.

II. Factors affecting success / failure:

- A. Evaluation of healing
- B. Classification of healing
- C. Time period
- D. Operative procedure

III. Evaluation of healing:

- A. Radiographic
- B. Clinical
- C. Histologic
- D. Combination

IV. Classification of healing:

- A. Complete
- B. Incomplete (Scar)
- C. Uncertain
- D. Unsuccessful

V. Time period:

- A. Short time period- 6 mo. to 1 yr.
- B. Long time period- > 1 yr.

VI. Operative procedure:

- A. Curettage and apicoectomy
- B. Apicoectomy and root-end filling
- C. Root canal obturation and apicoectomy

VII. Purpose of periapical surgery:

- A. Evaluate or improve the apical seal
- B. Facilitate access for root-end preparation and filling
- C. Allow for curettage
- D. Remove part of the root

VIII. Improved vision- loops Vs microscope:

- A. Magnification
- B. Light

IX. Length of apical resection depends on:

- A. Root anatomy
- B. Canal anatomy
- C. Regional anatomy
- D. Generally 1-3 mm

X. Angulation of apical resection depends on:

- A. Access to apex
- B. Root anatomy
- C. Canal anatomy

XI. Isthmus is a pulpal passageway connecting two or more canals within a root.

- A. Complete isthmus
- B. Partial isthmus
- C. Clinical significance

XII. Sequence of Endodontic Surgery

- A. Diagnosis, treatment planning, and informed consent
- B. Preoperative considerations
- C. Flap design
- D. Incision and reflection
- E. Osseous access
- F. Apical curettage (biopsy)
- G. Root-end resection (apicoectomy)
- H. Root-end preparation (retroprep)
- I. Hemorrhage control
- J. Root-end filling (retrofilling)
- K. Flap replacement and suturing
- L. Postsurgical care